

Office of Housing, Buildings & Construction
APPLICATION FOR ELECTRICAL INSPECTOR CERTIFICATION

Electrical Inspector Application fee of \$100.00.
Check or Money orders should be made payable to the Kentucky State Treasurer.

NAME _____
*First Name**Middle Initial**Last Name*

DATE OF BIRTH _____ SOCIAL SECURITY # _____ - _____ - _____

HOME # (_____) _____ - _____ WORK # (_____) _____ - _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ COUNTY _____

I am applying to take Temporary Inspector Exam.

I am applying to be Certified as a 2A Electrical Family One & Two Family Inspector.

I am applying to be Certified as a 2B Electrical General Inspector.

Employer- ____ Self -Employed ____ Employed by County of _____
____ Employed by City of _____ ____ Other _____

My electrical inspection fees are set by: ____ Self ____ County ____ City

<u>County Inspection Territory</u>			

I inspect within the following city limits only (Not in the county) _____

____ **Place my certification in *Active* status category.**

Provide proof of \$5,000.00 Surety Bond coverage.

____ **Place my certification in *Inactive* status category.**

(No Bond or Liability Coverage required for an *Inactive* Electrical Inspector.)

**Attach current
photo of applicant
1 ½ inch by 1 inch**

DO NOT USE STAPLES!

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APPLICATION FOR ELECTRICAL INSPECTOR CERTIFICATION (CONTINUED)

All employment must be verified as to name of employer(s), date(s) of employment, description of work performed, and number of hours worked per week. Attach copies of licenses, letters from employers, electrical unions, Certified Electrical Inspectors who has inspected your electrical work, and other documentation that may support your stated work experience. Documentation that will be acceptable for self-employed Electrical Contractors will be letters from power companies, electrical supplies/warehouses, customers or others that can support your stated work experience.

All letters must be on company letterhead and signed by one of the officers of the company.

Name & Address of employer(s)	Period of employment Month & Year	Job title and description of work

Education- List highest grade completed _____

How many years have you been fulltime engaging in the electrical industry? _____

I hereby affirm that all information on this application is accurate and true to the best of my knowledge.

Signature _____ Date _____

Having been duly sworn, _____, states all information herein contained is true and correct to the best of his/her knowledge and belief; and further states that he will comply with applicable statues and the rules and regulations of the Office of Housing, Buildings and Construction.

Subscribed and sworn before me this _____ day of _____, 20____.
My commission expires _____.

Notary Public

County of

CERTIFICATION

I, (name) _____, an applicant for the Electrical Inspector certification hereby certify that I am not in default of, nor am I failing to meet any repayment obligation for, any financial assistance program administered by the Kentucky Higher Education Assistance Authority (KHEAA). I understand that this certification is considered an essential part of my application for the above license, certification or registration and the making of a false statement herein may be grounds for denial, suspension or revocation.

Date

Signature

****IF YOU ARE UNABLE TO CERTIFY THE ABOVE PLEASE SEE BELOW.****

House Bill 296 amending KRS Chapter 164, made effective July 15, 2002, the requirement that a licensing agency shall not issue or renew a license, certification or registration if the applicant is in default or is not meeting a repayment obligation to KHEAA unless one of these conditions apply to the applicant.

- a) The borrower in default has entered a satisfactory repayment agreement on the defaulted loan;
- b) The financial obligation has been waived for cause or discharged by KHEAA; or .
- c) The financial obligation has been satisfied or paid in full.

If you are unable to sign the above certification, you must produce verification from KHEAA for this office that one of the above conditions have been met by you.